STATE OF IDAHO DEPARTMENT OF INSURANCE 700 WEST STATE STREET BOISE, IDAHO 83720

BULLETIN NO. 83-3

TO:

ALL INTERESTED PARTIES

FROM:

TRENT M. WOODS, DIRECTOR DEPARTMENT OF INSURANCE

SUBJECT: **ADMINISTRATORS**

The purpose of this bulletin is to supplement and clarify certain provisions of Title 41. Chapters 9 and 40, Idaho Code, as they pertain to the licensing of administrators and their duties.

Any person, including but not limited to individuals, associations, organizations partnerships, corporations, and every other legal entity, who for a fee, charge, or other remuneration, acts as, advertises as, or holds himself out as an administrator, other than a paid employee of a policyholder, shall be considered to be an administrator within the meaning of Title 41, Idaho Code.

No person may act as an administrator in this state unless qualified as follows

Hold a valid certificate of registration issued by the Director of the Department of Insurance.

Be properly bonded.

Have written agreements with the insurer, policyholder, trustee or other persons as applicable.

- Maintain adequate books and records of all pertinent transactions, which books and records shall be open to the Director of the Department of Insurance for audit and inspection. Such books and records shall be maintained in accordance with generally accepted standards of insurance accounting.
- Where an insurer is involved, have the written approval of the insurer for all advertising used. The insurer shall only approve advertising that complies with the standards and requirements of Title 41, Idaho Code, and shall be held responsible by the Director of the Department of Insurance for its contents.
- Maintain a fiduciary bank account for all charges, fees, or premiums. All withdrawals shall be in accordance with a written agreement between the administrator and the insurer, policyholder, trustee, or other person as applicable. Such account shall not be used for payment of claims or general expenses.
- 7. Promptly deliver all policies, certificates, booklets, or other written communications from the insurer to the policyholders and notify policyholders immediately upon knowledge of a pending termination or replacement by another carrier.

DEPARTMENT OF INSURANCE Jentes Norde

TRENT M. WOODS

Director

STATE OF IDAHO DEPARTMENT OF INSURANCE 700 WEST STATE STREET BOISE, IDAHO 83720

APPLICATION FOR ADMINISTRATOR'S CERTIFICATE OF REGISTRATION

Nonrefundable Fee: \$100.00

TH	E DIRECTOR OF INSURANC	E OF THE STATE OF IDAHO:	Certifica Receipt N	OT WRITE HERE Lite No.	
		istrator's Certificate of tion 41-913, <u>Idaho Code</u> .			
	Type of Entity (Individual, Partnership, Corporation, Other):				
	Social Security Number or E.I.N.:				
	Address: (Place of Business)				
	Street No. P.O. Box No.				
	City State				
	City	State		Zip	
	What insurance experi			Zip	
	• • •		Employer	Zip	
	What insurance experi	ence have you had?	Employer		
	What insurance experi	ence have you had?	Employer		

or any other state; had such license subjected to a monetary fine; any application for, or surrendered such a license to avoid discipl If so, give details (attach extra sheet if necessary):	inary action?
Have you or any member of your firm had any professional, vocational license denied, suspended, revoked or restricted by any public author any other state; had such license subjected to a monetary fine;	ority in this or withdrawn

The foregoing applicant, being first duly sworn, deposes and says that he has executed the foregoing application; that he has read said application and knows the contents thereof and attached thereto; that to the best of his knowledge and belief the statements made in said application and in any rider attached thereto are true and correct and are complete in every material respect and do not contain any statement which, under the circumstances under which it is made, would be false, or would tend to be misleading in respect to any material fact; and that he has read and understands the insurance laws of the State of Idaho.

If so, give details (attach extra sheet if necessary):

9.

If Corporation or Other Legal	Entity:		
(S E A L)	President	(Please type name below	signature)
	Secretary	(Please type name below	signature)
If Partnership:	Partner	(Please type name below	signature)
If Individual:		(Please type name below	signature)
SUBSCRIBED AND SWORN to before	e me this_	day of	19_
		(Notary Publicounty of State of My commission expires:	ic)

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STATE OF IDAHO DEPARTMENT OF INSURANCE 700 WEST STATE STREET BOISE, IDAHO 83720

APPLICATION FOR ADMINISTRATOR'S CERTIFICATE OF REGISTRATION

Nonrefundable Fee: \$100.00

O TI	HE DIRECTOR OF INSURANCE	OF THE STATE OF ID	Cert Rece	DO NOT WRITE HERE ificate No. ipt No. Received		
	reby apply for an Adminstration subject to Sect					
	Type of Entity (Indiv	idual, Partnership,	Corporation, Othe	r)		
	Name:					
•	Social Security Number					
		Address: (Place of Business)				
	Street No. P.O. Box No.					
	City	State		Zip		
ō	What insurance experience have you had?					
	Capacity Served	Where	Employer	Duration		
	Other than as given above, what experience, education, or training have you had which in your opinion equips you to act as an insurance administrator?					
	Have you or any member embezzlement, failure transactions?	to account, or any	other irregularit			

Have you or any member of y license denied, suspended, or any other state; had such any application for, or sur	revoked or restri h license subject rendered such a l	cted by any public aut ed to a monetary fine	thority in this ; or withdrawn olinary action?
Have you or any firm of white for the benefit of creditor If so, give details (attack	rs, been insolvent	:, or been adjudged a l	bankrupt?
The foregoing applicant, be has executed the foregoing and knows the contents the his knowledge and belief thany rider attached thereto material respect and do no cumstances under which it misleading in respect to a understands the insurance	application; than reof and attached he statements mad are true and core t contain any states made, would be ny material fact;	t he has read said app thereto; that to the e in said application rect and are complete tement which, under th false, or would tend and that he has read	best of and in in every e cir- to be
If Corporation or Other Le	gal Entity:		
(SEAL)	President	(Please type name be	elow signature)
(SERL)	Secretary	(Please type name be	elow signature)
If Partnership:	Partner	(Please type name be	elow signature)
If Individual:		(Please type name bo	elow signature)
SUBSCRIBED AND SWORN to be	efore me this	_day of_	, 19
		(Notary County of State of My commission expir	Public)